

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

Dipeptidyl Peptidase IV (DPP-4) Inhibitors

(alogliptin, linagliptin, saxagliptin, sitagliptin and combination products)

Patient name: _____ Medicaid ID #: _____

Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____

Prescriber Phone#: _____ Extension: _____ Prescriber Fax#: _____

Pharmacy: _____ Pharmacy Phone#: _____ Pharmacy Fax #: _____

Requested Medication: _____ Strength: _____ Frequency/Day: _____

**FAX DOCUMENTATION FROM PROGRESS NOTES OR IN A
LETTER OF MEDICAL NECESSITY TO 855-828-4992**

Note: Utah Medicaid's pharmacy point of sale system has been programmed to automatically check the patient's records for the following information. If the information is found, an automatic PA will be given at the point of sale, without intervention from the pharmacist or prescriber. If the required information is not found and the claim is rejected, the prescriber can manually request a PA using this form.

CRITERIA:

- Age \geq 18 years
- Diagnosis of diabetes mellitus type 2
- No diagnosis of pancreatitis
- Previous \geq 90 day trial of metformin OR a sulfonylurea OR insulin

AUTHORIZATION:

One year

REAUTHORIZATION:

One year. Please re-submit the above information, and the most recent A1C.

12/03/2013

<http://health.utah.gov/medicaid/pharmacy>